

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90286 042 ****50.00

DOCUMENT # L03000054994

1. Entity Name
ACTICARB LAND HOLDINGS, LLC



Principal Place of Business
**551 NORTH US HWY.41
DUNNELLON, FL 34432**

Mailing Address
**551 NORTH US HWY.41
DUNNELLON, FL 34432**



05182007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-0780542

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.
3010.SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROGERS, J. ROBERT
P.O. BOX 1728
PONTE VEDRA BEACH, FL 32004**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Robert Rogers
5/23/07

Date

904-273-9909
Daytime Phone #